

Court Recovery Service & Consulting
462 Sagamore Avenue • Suite 2 • East Williston, NY 11596
516-586-8534 (phone) • 516-586-8536 (facsimile)

June 5, 2024

US District Court for the District of New Jersey
50 Walnut Street #4015
Newark, NJ 07102

Re: Case number 24-15150-VFP.

Dear Sir/Madam,

Enclosed please find the Proof of Claim #6 filed by our office regarding the above referenced matter. Due to system limitations, we were unable to electronically refile an Amended Proof of Claim in place of claim No. 5 which was filed by our office erroneously.

Therefore, we request claim No. 5, which was submitted in error, be market withdrawn.

Please contact our office if you have any further questions.

Sincerely,



Katrina Conte

FILED
JEANNE A. NAUGHTON, CLERK

JUN 11 2024

U.S. BANKRUPTCY COURT
NEWARK, N.J.
BY Diana Cipriani DEPUTY

Fill in this information to identify the case:

Debtor 1 703 Bakery Corp.
Debtor 2 _____
(Spouse, if filing) _____
United States Bankruptcy Court District of New Jersey
Case number: 24-15150

FILED

U.S. Bankruptcy Court
District of New Jersey

6/5/2024

Jeanne Naughton, Clerk

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Frank Gargiulo and Son Inc. d/b/a Gargiulo Produce Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Frank Gargiulo and Son Inc. d/b/a Gargiulo Produce Name 462 Sagamore Avenue Suite 2 East Williston, New York 11596 East Williston, NY 11596 Contact phone <u>516.586.8534</u> Contact email <u>katrinaconte1@gmail.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim? \$ 114817.00	
Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). _____	
8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Produce sold and delivered pursuant to Perishable Agricultural Commodities Act ('PACA') _____	
9. Is all or part of the claim secured?	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: PACA 7 USC 499e(c) _____	
Basis for perfection: Federal Statute _____	
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)	
Value of property: \$ _____	
Amount of the claim that is secured: \$ 114817.00	
Amount of the claim that is unsecured: \$ 0.00 (The sum of the secured and unsecured amounts should match the amount in line 7.)	
Amount necessary to cure any default as of the date of the petition: \$ 114817.00	
Annual Interest Rate (when case was filed) 9 %	
<input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 6/5/2024
MM / DD / YYYY

/s/ Lee Pakulsky

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Lee Pakulsky</u>
	First name Middle name Last name
Title	<u>Agent</u>
Company	<u>Court Recovery Services & Consulting Inc.</u>
	Identify the corporate servicer as the company if the authorized agent is a servicer
Address	<u>462 Sagamore Avenue</u>
	Number Street
	<u>East Williston, NY 11596</u>
	City State ZIP Code
Contact phone	<u>5165868534</u>
	Email <u>katrinaconte1@gmail.com</u>

THE FIERST LAW GROUP P.C.

462 SAGAMORE AVENUE

SUITE 2

EAST WILLISTON, N.Y. 11596

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DISTRICT OF NEW JERSEY
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6 JUN 2024 PM 3 L



US District Court for
the District of New
Jersey

50 Walnut Street #4015

Newark, NJ 07102

07102-353599